

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006406

FILED
Jan 29, 2009
Secretary of State

Entity Name: SEAGROVE CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

461 A1A BEACH BLVD
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

461 A1A BEACH BLVD
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-5048317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, PHILIP H.
461 A1A BEACH BLVD
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

JACOBS, PHILIP H.
461 A1A BEACH BLVD
SAINT AUGUSTINE, FL 32080 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALE, BRIAN
Address: 432 OSCEOLA AVENUE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ST () Delete
Name: KELLEY, PATRICIA H
Address: 432 OSCEOLA AVENUE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: ROBINSON, DINAH K
Address: 432 OSCEOLA AVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CASTOR, FRANK
Address: 824 ROYAL OAK CT
City-St-Zip: DELAND, FL 32724

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN GALE

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date